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Division of Public Health

To: All North Carolina Clinicians

From: Erica Wilson, MD, MPH, Medical Epidemiologist

Subject: 2019- 20 Influenza Season: Surveillance Update for NC Clinicians (1 page)

Date: October 14, 2019

This memo provides information and guidance to NC clinicians regarding flu surveillance activities in North Carolina. As guidance may change during the influenza season, up to date information will be available at www.flu.nc.gov.

SURVEILLANCE AND TRACKING

In North Carolina, all influenza-associated deaths (adult and pediatric) are reportable to the Local Health Department. An influenza-associated death is defined for surveillance purposes as a death resulting from a clinically compatible illness that was confirmed to be influenza (any strain) by an appropriate laboratory or rapid diagnostic test. There should be no period of complete recovery between the illness and death. A death should *not* be reported if:

- 1. There is no laboratory or rapid test confirmation of influenza virus infection,
- 2. The influenza illness is followed by full recovery to baseline health status prior to death, or
- 3. After review and consultation, there is an alternative agreed upon cause of death.

Influenza surveillance is different from other types of disease surveillance conducted by state and local health departments. Because flu is easily spread from person-to-person and affects a large percentage of the population, testing and reporting of every person with flu-like illness is not a practical or reliable way to monitor flu activity. For this reason, surveillance of influenza in North Carolina is not based on the reporting of individual cases.

NC DPH conducts intensive surveillance for influenza using several systems. These include surveillance of all visits to emergency departments across the state, as well as surveillance and laboratory testing of patients seen by clinicians in our Influenza-Like Illness Network (ILINet) - over 60 practices across the state. NC DPH monitors hospitalizations and deaths that could be related to influenza in order to better understand the severity of the virus. The testing and surveillance strategies used by NC DPH are consistent with recommendations from CDC and make use of the strong influenza surveillance systems in place in North Carolina.

Please contact your local health department to report **influenza-like illness in patients with recent swine exposure, or any outbreaks** of influenza-like illness (i.e. fever plus cough or sore throat), particularly among young children.

Clinicians should contact their Local Health Departments or the Communicable Disease Branch for questions about influenza. Additional guidance and information is available at www.cdc.gov/flu.

cc: Dr. Jean-Marie Maillard, Communicable Disease Branch Medical Director Evelyn Foust, Branch Head, Communicable Disease Branch Dr. Zack Moore, State Epidemiologist